

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)



Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

**6.1. The state elects to provide the following forms of coverage to children:
(Check all that apply.) (42CFR 457.410(a))**

6.1.1. ☐ Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)

**6.1.1.1. ☐ FEHBP-equivalent coverage; (Section 2103(b)(1))
(If checked, attach copy of the plan.)**

**6.1.1.2. ☒ State employee coverage; (Section 2103(b)(2)) (If checked,
identify the plan and attach a copy of the benefits
description.)**

California will use the CalPERS state employee benefit package as the benchmark coverage for health. It will provide enhanced services beyond the benchmark package, including comprehensive dental and vision coverage, screening and initial treatment services through the CHDP program and treatment services for severely ill children in a non-managed care delivery system. Uninsured children granted presumptive eligibility by a CHDP provider will be provided these same benefits during the period of presumptive eligibility as well. For a full benefits description, see Attachment 6.

Attachment A, a copy of Article 3 of the AIM program regulations, details the benefits of the Access to Infants and Mothers' (AIM) program.

Attachment B, from our actuarial consultant Leslie Paters of Cooper's and Lybrand, states that the AIM benefit package is at least equivalent to the health benefits coverage used for our benchmark plan.

6.1.1.3. ☐ HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)

**6.1.2. ☐ Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430)
Specify the coverage, including the amount, scope and duration of**

each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. See instructions.

6.1.3. ☐ Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) **[Only applicable to New York; Florida; Pennsylvania]** Please attach a description of the benefits package, administration, date of enactment. If existing comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for existing comprehensive state-based coverage.

6.1.4. ☐ Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

- 6.1.4.1. ☐ Coverage the same as Medicaid State plan**
- 6.1.4.2. ☐ Comprehensive coverage for children under a Medicaid Section 1115 demonstration project**
- 6.1.4.3. ☐ Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population**
- 6.1.4.4. ☐ Coverage that includes benchmark coverage plus additional coverage**
- 6.1.4.5. ☐ Coverage that is the same as defined by Existing comprehensive state-based coverage**
- 6.1.4.6. ☐ Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)**
- 6.1.4.7. ☐ Other (Describe)**

6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

6.2.1. ☒ Inpatient services (Section 2110(a)(1))
For a full benefits description, see Attachment 6.

6.2.2. ☒ Outpatient services (Section 2110(a)(2))
For a full benefits description, see Attachment 6.

- 6.2.3. ☒ **Physician services** (Section 2110(a)(3))
For a full benefits description, see Attachment 6.
- 6.2.4. ☒ **Surgical services** Section 2110(a)(4))
For a full benefits description, see Attachment 6.
- 6.2.5. ☐ **Clinic services (including health center services) and other ambulatory health care services.** (Section 2110(a)(5))
- 6.2.6. ☒ **Prescription drugs** (Section 2110(a)(6))
For a full benefits description, see Attachment 6.
- 6.2.7. ☐ **Over-the-counter medications** (Section 2110(a)(7))
- 6.2.8. ☒ **Laboratory and radiological services** (Section 2110(a)(8))
For a full benefits description, see Attachment 6.
- 6.2.9. ☒ **Prenatal care and pre-pregnancy family services and supplies** (Section 2110(a)(9))
For a full benefits description, see Attachment 6.
- 6.2.10. ☒ **Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services** (Section 2110(a)(10))
For a full benefits description, see Attachment 6.
- 6.2.11. ☒ **Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services** (Section 2110(a)(11))
For a full benefits description, see Attachment 6. 6.2.12. ☒ **Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices)** (Section 2110(a)(12))
For a full benefits description, see Attachment 6.
- 6.2.12. ☒ **Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices** (Section 2110(a)(12))
- 6.2.13. ☒ **Disposable medical supplies** (Section 2110(a)(13))
For a full benefits description, see Attachment 6.

- 6.2.14. ☐ **Home and community-based health care services (See instructions)**
(Section 2110(a)(14))
- 6.2.15. ☐ **Nursing care services (See instructions)** (Section 2110(a)(15))
- 6.2.16. ☒ **Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest** (Section 2110(a)(16))
For a full benefits description, see Attachment 6.
- 6.2.17. ☒ **Dental services** (Section 2110(a)(17))
For a full benefits description, see Attachment 6.
- 6.2.18. ☒ **Inpatient substance abuse treatment services and residential substance abuse treatment services** (Section 2110(a)(18))
For a full benefits description, see Attachment 6.
- 6.2.19. ☒ **Outpatient substance abuse treatment services** (Section 2110(a)(19))
For a full benefits description, see Attachment 6.
- 6.2.20. ☐ **Case management services** (Section 2110(a)(20))
- 6.2.21. ☐ **Care coordination services** (Section 2110(a)(21))
- 6.2.22. ☒ **Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders** (Section 2110(a)(22))
For a full benefits description, see Attachment 6.
- 6.2.23. ☒ **Hospice care** (Section 2110(a)(23))
For a full benefits description, see Attachment 6.
- 6.2.24. ☐ **Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions)**
(Section 2110(a)(24))
- 6.2.25. ☐ **Premiums for private health care insurance coverage** (Section 2110(a)(25))
- 6.2.26. ☒ **Medical transportation** (Section 2110(a)(26))
For a full benefits description, see Attachment 6.
- 6.2.27. ☐ **Enabling services (such as transportation, translation, and outreach services (See instructions)** (Section 2110(a)(27))

6.2.28. ☐ Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

6.3. The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

6.3.1. ☒ The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); OR

6.3.2. ☐ The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

6.4. Additional Purchase Options. If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and (3)) (42 CFR 457.1005 and 457.1010)

6.4.1. ☐ Cost Effective Coverage. Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28. (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above.; Describe the cost of such coverage on an average per child basis. (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))

- 6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. Describe the community based delivery system. (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))**
- 6.4.2. ☐ Purchase of Family Coverage. Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3)) (42CFR 457.1010)**
- 6.4.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and (Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.) (Section 2105(c)(3)(A)) (42CFR 457.1010(a))**
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))**
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))**